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PATENT APPLICATION  
Attorney Docket No. 23135-501 CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):           Francois Mach  
ASSIGNEE:               NovImmune S.A.

September 19, 2001  
Boston, Massachusetts

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, D.C. 20231

REQUEST FOR CONTINUATION APPLICATION  
PURSUANT TO 37 C.F.R. 1.53(b)

1. This is a request for filing a:
- ☐ continuation application  
☐ divisional application  
☒ continuation-in-part

under 37 C.F.R. 1.53(b) of nonprovisional patent application U.S. Application No. 09/664,871,  
filed on September 19, 2000, entitled: *Statins (HMG-CoA Reductase Inhibitors) As a Novel Type of  
Immunomodulator, Immunosuppressor and Anti-inflammatory Agent*

TITLE OF INVENTION

2. ☒ Specification (46 pages); Claims (10 pages); Abstract (1 page);
3. ☒ Drawings - Number of Sheets 25 (Figs. 1 - 12)  
☐ Formal  
☒ Informal
4. ☒ Declaration and Power of Attorney (unexecuted)  
☐ Copy from prior application (\_\_\_\_ pages)  
☐ Copy of Revocation by Assignee and new Power of Attorney  
from prior application (\_\_\_\_ pages)  
☐ Newly executed (\_\_\_\_ pages)

5. ☐ Information Disclosure Statement (IDS)
- ☐ Copy of IDS and PTO-1449 (\_\_\_\_ pages)
- ☐ Copies of references cited
- ☐ Copies of Supplemental IDS and PTO 1449s (\_\_\_\_ x \_\_\_\_ pages)

6. ☒ Please amend the specification by inserting before the first line the sentence:  
This application is a continuation-in-part application under 37 CFR §1.53(b) of U.S.  
Application No. 09/664,871, filed on September 19, 2000, incorporated herein by  
reference.

7. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$790.00
Total Claims (37 C.F.R. 1.16(c))	162	- 20 =	142	\$ 22.00	\$3124.00
Independent Claims (37 C.F.R. 1.16(b))	21	- 3 =	18	\$ 82.00	\$1476.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$270.00	\$270.00
Reduction by 50% for filing by small entity:					<u><del>\$4870.00</del></u>
TOTAL FEE					\$4870.00

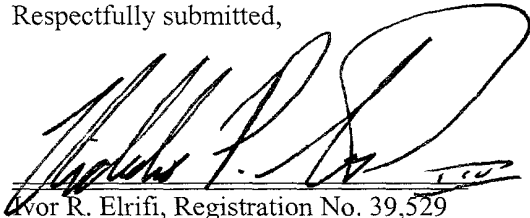
- ☐ Amendment canceling extra claims is enclosed.
- ☐ Amendment deleting multiple-dependencies is enclosed.
- ☐ Fee for extra claims is not being paid at this time.

8. ☐ Statement(s) Claiming Small Entity Status
- ☐ Fee calculation is based on status of claims after incorporation of enclosed amendment.
9. ☒ A check in the amount of \$4870.00 enclosed.
10. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311.
- ☒ Fees required under 37 C.F.R. §1.16.
- ☒ Fees required under 37 C.F.R. §1.17.
- ☒ Fees required under 37 C.F.R. §1.18.

Applicant(s): NovImmune S.A.  
Request-for Continuation Application (37 C.F.R. §1.53(b))

11. ☒ Return Receipt Postcard Enclosed
12. ☐ Other Documents Enclosed  
☐ Change of Attorney Address In Application.

Respectfully submitted,



Nor R. Elrifi, Registration No. 39,529  
Nicholas P. Triano, III, Registration No. 36,397  
Attorneys for Applicant  
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
and POPEO, P.C.  
One Financial Center  
Boston, Massachusetts 02111  
Tel: (617) 542-6000  
Fax: (617) 542-2241

Dated: September 19, 2001

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